

FILED MAY 10 1944

Registration District No. 283

Primary Registration District No. 3010

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo.

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) 40 years 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott Mo.

(c) City or town Farmfelt
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen M. Cannon

3. (b) If veteran. ✓ name war _____

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 17th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 0 24 hr. min.

9. Birthplace St. Louis Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael J. Madden

13. Birthplace Ireland, O
(City, town, or county) (State or foreign country)

14. Maiden name Ellen M. Heitre

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Madden

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof Apr. 14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Walther Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 4-12-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1944 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from 3-28 to 4-11 1944
that I last saw alive on 4-10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of colon

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 462

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury 215

23. Signature Arthur (M. D. or other) MD
Address Cape Girardeau Date signed 4/14/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Health Officer No. 4
District File Number 544-37
Date Filed 5-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.